

AB141. 99. The true cost of spinal metastases—a retrospective analysis of spinal metastases referred to the National Spinal Injuries Unit in the Mater Misericordiae University Hospital over a 2-year period

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Background: The management of metastatic spinal cord compression has evolved since Patchell's research in 2005. The additional cost of surgical management of this advanced disease process has yet to be examined in Ireland. The aim of the study was to examine the demographics of patients found to have spinal metastasis and to analyse the cost of treatment of those treated surgically.

Methods: Hospital Inpatient Enquiry (HIPE) coding was used to identify all patients who underwent surgical management of their condition. Various elements of their admissions were examined including length of stay, level of care required, instrumentation utilised, imaging performed; all of these were included in the final costing per patient

admission.

Results: The total cost of admissions for these 72 patients was €2,446,670. The median costs sub-divided by level were: €31,147 (cervical); €24,792 (cervicothoracic); €27,119 (thoracic); €34,569 (thoracolumbar); €27,656 (lumbar). Median length of stay was 7 days (range, 1–233 days). Cervical spine patients spent significantly more time in intensive care unit (ICU) when compared to thoracic patients ($P=0.052$). Length of stay was the primary contributor to cost of admission but this result was not statistically significant. Cost of admission was not significantly related to older age, poorer prognosis by Tokuhashi score or pre-operative neurological deficit by their American Spinal Injury Association (ASIA) score.

Conclusions: The surgical management of metastatic spinal cord compression (MSCC) incurs significant costs. The trend towards significance in relation to cervical spine patients relative to length of stay appears to be related to their higher rate of ICU admission. This would require further examination in a higher-powered study.

Keywords: Spinal metastasis; spine; decompression; instrumentation; cost analysis; surgical management; tumour

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